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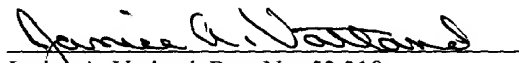
ATTORNEY'S DOCKET NO. M0656.70063US00

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant(s): Liu et al.
Serial No.: 09/802,285
Confirmation No: 6877
Filed: March 8, 2001
For: HEPARINASE III AND USES THEREOF
Examiner: Swope, S.
Art Unit: 1652

CERTIFICATE OF MAILING UNDER 37 C.F.R. §1.8(a)

The undersigned hereby certifies that this document is being placed in the United States mail with first-class postage attached, addressed to Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on the 10th day of September, 2003.


Janice A. Vatland, Reg. No. 52,318

Commissioner for Patents
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Transmitted herewith are the following documents:

- ☒ Change of Correspondence Address
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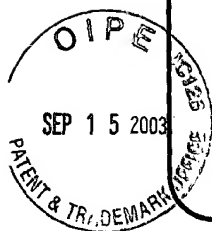
If the enclosed papers are considered incomplete, the Mail Room and/or the Application Branch is respectfully requested to contact the undersigned at (617) 720-3500, Boston, Massachusetts.

A check is not enclosed. If a fee is required, the Commissioner is hereby authorized to charge, Deposit Account No. 23/2825. A duplicate of this sheet is enclosed.

Respectfully submitted,
Liu et al., *Applicants*

By: 
Janice A. Vatland, Reg. No. 52,318
Wolf, Greenfield & Sacks, P.C.
600 Atlantic Avenue
Boston, MA 02210-2211
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Docket No. M0656.70063US00
Date: September 10, 2003
xNDDx

**CHANGE OF
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P.O. Box 1450
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Application Number	09/802,285
Filing Date	March 8, 2001
First Named Inventor	
Group Art Unit	
Examiner Name	
Attorney Docket Number	14131-009001

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Applicant/Inventor.

Assignee of record of the entire interest.
Certificate under 37 CFR 3.73(b) is enclosed.Attorney or agent of record. Registration Number 39,248Registered practitioner named in the application transmittal letter in an application without an executed oath or declaration. See 37 CFR 1.33(a)(1). Registration Number 39,248Typed or Printed
Name

Helen C. Lockhart, Ph.D.

Signature

Date

7/28/03

Telephone

(617) 720-3500

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.



*Total of _____ forms are submitted.